

DCFS PMF 110-E – TRAVEL EXPENSE ACCOUNT EMERGENCY FORM (T/E)

INSTRUCTIONS

PMF 110-E
TRAVEL EXPENSE ACCOUNT FORM
(Issued 07/13)

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

DATE OF CLAIM

1

ESF-6 WORKSITE

2

NAME OF OFFICER OR EMPLOYEE

3

OFFICIAL USE ONLY

4 TRIP NUMBER

DIVISION/SECTION

5

HOME ADDRESS

6

PERSONNEL NUMBER

7

REASON

8

CITY/STATE/ZIP

9

FOR PERIOD

10

Expense Summary

TRANSPORTATION	ADVANCE RECOUPMENT		\$ 11
	AUTOMOBILE	12 miles @ 51	\$ 13
	AIRPLANE		\$ 14
	OTHER		\$ 15
SUBSISTENCE	LODGING		\$ 17
	MEALS		\$ 18
TOLLS AND PARKING			\$ 20
TIPS			\$ 21
OTHER EXPENSES			\$ 22
TOTAL REIMBURSEMENT COST			\$ 23

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNATURE BY PAYEE

24

TITLE OR POSITION

25

OFFICIAL DOMICILE AND PHYSICAL ADDRESS

26

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper and that, in my opinion, the amounts claimed are just and reasonable.

SIGNATURE

27

PRINT NAME

28

TITLE

29

Approved for Payment

AUDITED BY / DATE

30

AGENCY NO. 31	COST CENTER NUMBER 32	ACTIVITY 33	FUND 34	AMOUNT 35
3 6 0				

COMMENTS: PURPOSE _____ DISASTER WORK SCHEDULE _____
DISASTER WORK SITE _____
ADDITIONAL COMMENTS: _____

Back (or Page 2) of PMF 110

DATE	HOUR AM/PM		TERRITORY TRAVELED SHOW ALL POINTS VISITED AND PHYSICAL ADDRESS	ODOMETER READING/WEBSITE MILEAGE		MILES TRAV	SUBSISTENCE			TOLLS AND PARK.	TIPS	OTHER EXPENSES	
	DEP	ARR		DEPART	ARRIVE		LODGING	MEALS				DESCRIPTION	COST
								NO.	COST				
36	37		38	39		40	41	42	43	44	45	46	47
TOTALS						48	49	50	51	52	53		54

FRONT (PAGE 1) OF FORM

1. **DATE OF CLAIM:** Date filling out T/E.
2. **WORKSITE:** Employee's assigned work location. ESF-6 worksite, for multiple site and schedules enter the additional info in comments
3. **NAME OF OFFICER OR EMPLOYEE:** Employee's name or name of a vendor if a direct payment is being made; registration fee; hotel direct billing, etc.
4. **TRIP NUMBER:** This number will be assigned to TE by the Travel Unit.
5. **DIVISION/SECTION: Division Examples:** Executive Division, Operations Division, Programs Division, Management and Finance Division. **Section examples:** Child Welfare, Child Support, or Fiscal Services
6. **HOME ADDRESS:** Employee's home address.
7. **PERSONNEL NUMBER:** Employee's Personnel Number.
8. **REASON:** (Emergency / Disaster Name)
9. **CITY/STATE/ZIP:** Home city, state, and zip code
10. **FOR PERIOD:** The first date of travel and the last date of travel.
11. **ADVANCE RECOUPMENT:** Amount of cash advance, if applicable.
12. **TRANSPORTATION - AUTOMOBILE:** Total number of miles from Item 48 on back (page 2) of form @51 cents per mile.
13. **AMOUNT:** Number of miles times 51 cents.
14. **TRANSPORTATION - AIRPLANE:**
 - A. Fill in amount if requesting reimbursement for airplane ticket along with other trip expenses.

- B. If requesting advance payment of airplane ticket (if the ticket was booked 30 days or more in advance and employee has received their travel card bill), fill in amount. A copy of the travel card bill must be attached. Mark out the account number, if desired. When submitting T/E for remaining expenses associated with the trip, write in PREPAID in this section. Attach a copy of the airplane ticket.
- C. If the airplane ticket was paid through the employee's agency Controlled Bill Account (CBA), write CBA in this section and attach a copy of the airplane ticket.
15. **TRANSPORTATION - OTHER:** Total of other transportation listed in Item 54 on back (page 2) of form, i.e. taxi, bus, shuttle, etc.
16. Total of Items 13, 14 and 15.
17. **SUBSISTENCE - LODGING:** Total from Item 49 on back (page 2) of form.
18. **SUBSISTENCE - MEALS:** Total from Item 51 on back (page 2) of form.
19. Total of Items 17 and 18.
20. **TOLLS AND PARKING:** Total from Item 52 on back (page 2) of form.
21. **TIPS:** Total from Item 53 on back (page 2) of form.
22. **OTHER EXPENSES:** Total from Item 54 (excluding transportation) on back (page 2) of form.
23. **TOTAL REIMBURSEMENT COST:** Total of Items 16, 19, 20, 21, and 22, less the amount in Item 11. If the net amount is less than zero, attach a check or money order with T/E.
24. **SIGNATURE BY PAYEE:** Employee's signature.
25. **TITLE OR POSITION:** Employee's Civil Service or position title.
26. **OFFICIAL DOMICILE:** Employee's official domicile, including physical address.
27. **SIGNATURE:** Signature of person authorized to approve travel for employee. (Site Manager, ESF-6 Director, Supervisor, or Manager).
28. **PRINT NAME:** Printed name of person authorized to approve travel for employee.
29. **TITLE:** Authorized person's Civil Service or position title.
30. **AUDITED BY/ DATE AUDITED:** Initialed by employee in Fiscal Services Travel Unit responsible for auditing T/E and date of audit.
31. **AGENCY NO.:** DCFS-360
32. **COST CENTER:** 4 digit number. This field must be completed.
33. **ACTIVITY:** Pre-assigned activity code for Emergency/Disaster. This field must be completed.

34. **FUND:** The Fund/Reporting Category assigned to the activity (Emergency /Disaster). This is a pre-assigned 4 digit number. This field must be completed.
35. **AMOUNT:** Amount of each line of coding.

COMMENTS: Provide additional information

- a. **Purpose:** Name of specific Disaster Duty (i.e. DSNAP, shelter)
- b. **Disaster Work Schedule:** Day & Time
- c. **Disaster Work Site:** Physical Address
- d. **Additional Comments:** Any information that provides clarity in processing the reimbursement. (i.e. Lodging paid via Direct Bill)

BACK (PAGE 2) OF FORM

36. **DATE:** Date of travel; list each day of travel.
37. **HOURL:** List departure and arrival time including a.m. or p.m. for each single day of travel.
38. **TERRITORY TRAVELED AND PHYSICAL ADDRESS:** List location (complete physical address for each destination) traveled from, all points visited and location returned to. Also state the purpose of trip or necessity of travel.
39. **ODOMETER READING:** Use car's odometer reading, not the trip odometer reading. List the beginning odometer reading under Depart and the ending under Arrive for each day of travel.
40. **MILES TRAVELED:** Subtract the beginning odometer reading from the ending odometer reading to get number of miles traveled.
41. **SUBSISTENCE – LODGING (itemized daily):** Employees will be reimbursed the actual lodging rate, not to exceed the allowable amount, plus tax; receipt required.

Routine Lodging (Employees will be reimbursed lodging rate, plus tax; receipt required.)

Employees should refer to [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved rates.

42. **SUBSISTENCE - MEALS/TYPE:** List the types of meals for which reimbursement is requested, itemized daily. (B=Breakfast, L=Lunch, D=Dinner)

Employees should refer to DCFS Travel Policy and [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved meal allowances and policies governing reimbursement.

43. **SUBSISTENCE - MEALS/COST:** List the cost of meals itemized daily.

Employees should refer to [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved meals rates.

Receipts are not required for routine meals within these allowances. Number of meals claimed must be shown on travel expense form. Partial meals such as continental breakfasts or airline meals are not considered meals. If meals of state officials exceed these allowances, receipts

are required. Meals provided by a conference cannot be reimbursed.

44. Parking and Related Parking Expenses

Employees should refer to DCFS Travel Policy, DCFS Emergency/Disaster Policy , and [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved rates and policies governing reimbursement .

45. TIPS: Baggage tips:

Employees should refer to DCFS Travel Policy, DCFS Emergency/Disaster Policy, and [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved itemized daily rates.

46. OTHER EXPENSES/DESCRIPTION: List the description of any expenses not covered in items 41 through 45; appearing on line 14, 15 or 22 above.

Employees should refer to [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for additional expenses that may be reimbursed.

47. OTHER EXPENSES/COST: List the cost of each item described. Indicate the type of expense and the amount

48. TOTALS/MILES TRAVELED: Total the number of miles traveled listed in Item 40. Enter this amount in Item 13 on the front (page 1) of the form.

49. TOTALS/LODGING: Total the amount of lodging listed in Item 41. Enter this amount in Item 17 on the front (page 1) of the form.

50. TOTALS/MEALS NO.: Total the number of meals listed in Item 42.

51. TOTALS/MEALS COST: Total the amount of meals listed in Item 43. Enter this amount in Item 18 on front (page 1) of form.

52. TOTALS/TOLLS AND PARKING: Total the amount of tolls and parking listed in Item 44. Enter this amount in Item 20 on front (page 1) of form.

53. TOTALS/TIPS: Total the amount of tips in Item 45. Enter this amount in Item 21 on front (page 1) of form.

54. TOTALS/OTHER EXPENSES COST: Total the amount of other expenses listed in Item 47. Enter this amount, excluding airplane and other transportation, in Item 22 on front (page 1) of form. Enter airplane expenses in Item 14 and other transportation expenses in Item 15 on front (page 1) of form.

NOTE: Please do not write any information in the section titled “**Official Use Only.**” This section is reserved for the Travel Unit.